Recent Advances in the Treatment of Rheumatism*

By

G. D. KERSLEY
FROM THE ROYAL NATIONAL HOSPITAL FOR RHEUMATIC DISEASES, BATH

DR. KERSLEY, after welcoming his guests, commenced his talk with a short history of Bath and of the Royal National Hospital for Rheumatic Diseases. He then emphasized the importance of arthritis to industry and the country. In 1953 it cost industry 28,000,000 days and cost the country £80,000,000. It was second only to mental disease as an expense to the nation, coming before that of tuberculosis, bronchitis, psychoneurosis and accidents. In addition it was the greatest home wrecker, often destroying the value of two lives, not one, owing to the need for home nursing and care extended over many years.

The theme of the Royal National Hospital was team work, under the supervision of the physician, the maintenance of a broad view without fads, and the recognition of the patient as a person, who must be taught what is good or bad for him and how to live both physically and mentally with his disease.

Co-operation from outside was needed to select those cases requiring special treatment, to follow them up and arrange aftercare, to minimize relapse after treatment and to utilize the partly disabled to the best of his ability. This involved the use of resettlement boards, the application of aids and gadgets, and transportation arrangements. These points were illustrated by a demonstration of gadgets (see p. 10), reference to Dr. Clemmesen's rehabilitation scheme at Copenhagen and trade testing experiments at the Robert Brigham Hospital at Boston and the Treborg Institute at Copenhagen.

Dr. Kersley then proceeded to summarize very briefly the current views on treatment of various arthritic conditions. In rheumatoid arthritis, a biochemical problem with internal and external factors, the need was for mental and physical rest, attention to the general health, the aspirin type of analgesics, physical treatment and, in selected groups, the use of gold, steroids or butazolidin. Osteoarthritis, with again internal and traumatic factors, consisted of a generalized type mainly depending on the former and an oligarticular type where trauma played a large part. Saving joints from traumata, with mobilizing and strengthening exercises, was the main theme of treatment, coupled with treatment of muscle spasm and "fibrositis" and often some reassurance, with sometimes surgery. In spondylitis, a condition in which heredity played a large part, posture was the key to the situation, aided at times by radiotherapy, phenylbutazone or steroids. In the treatment of gout the advantages of salicylates were weighed against benemid and colchicine against butazolidin.

The talk concluded with some remarks on the highlights of the International Congress just held at Toronto. On the clinico-pathological side, the possible importance of the D.A.T. (Rose Waaler sheep cell agglutination test) in prognosis and the tracing of possible inborn factors was much discussed. The test depended on a serological rheumatoid factor, a carrier and a normal gamma globulin reactant. The latex particle test was easy but only yielded 65 per cent positive results, the euglobulin test could be used on the negative cases, and gave an 85 per cent result. The "inhibition" test was very difficult, time consuming and tricky but could give a 98 per cent result.

L.E. cells in rheumatoid arthritis in America seemed to occur in some 5 per cent of cases, but in 15 per cent of those treated with cortisone—whether post or propter hoc was uncertain. Six cases had been quoted where rheumatoid arthritis was associated with multiple L.E. cells and which at postmortem showed nodules, but no Liebman-Sach's lesions on the valves, no onion skin bodies in the spleen and no wire loop arteries in the kidneys. Necrotizing arteritis was recorded in rheumatoid arthritis causing neurological lesions; patients were recorded with such lesions, with no L.E. cells in the blood, markedly positive D.A.T. tests, nodules and normal white cell counts. This was considered to be more frequent after steroid therapy but 3 out of 9 had not had steroids.

Aurotherapy was discussed and its value still considered considerable, but adjustment of dosage to the individual was thought necessary. The toxic dose was near to the therapeutic dose, but rashes could be well controlled by steroids in most cases.

Field surveys of samples of the population were an important feature of research. In Holland results suggested some hereditary link between rheumatoid arthritis, spondylitis and rheumatic fever. Still's disease had a fairly good prognosis with the benefit of steroid therapy. Painless monarthritis was a not uncommon onset of this condition.

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